



CITY *of* CALABASAS

Calabasas Senior Center Membership Packet



HOURS OF OPERATION

Monday: 9:00 a.m. – 5:00 p.m.

Tuesday: 9:00 a.m. – 5:00 p.m.

Wednesday: 9:00 a.m. – 8:00 p.m.

Thursday: 9:00 a.m. – 5:00 p.m.

Friday: 9:00 a.m. – 5:00 p.m.

(818) 224-1777

www.cityofcalabasas.com



MEMBERSHIP BENEFITS

Welcome to the Calabasas Senior Center!

We invite Calabasas residents to join the Senior Center. For those of you who are not familiar with the Senior Center we would like to extend an invitation to visit, meet staff and take a tour of our facility.

The Center is open to all Calabasas seniors age 50+ Monday through Friday from 9:00 am to 5:00 pm.
(Hours of operation are subject to change)

ANNUAL MEMBERSHIP FEES

Resident Membership

Individual	\$124.00
Couple	\$153.00

Day Use Fees

Residents	\$3.00
Non Residents	\$6.00

MEMBERSHIP BENEFITS

- Priority Registration
- Access to designated free lectures
- Unlimited Access during open hours
- 6 Guest Passes Per Year/ 9 for Couples
- Ability to rent the facility at a reduced rate
- (2) Free Invitations to special events and/or presentations
- Access to Clubs & Specialty Groups

***Calabasas Residents must provide proof of residency with a current utility bill and driver's license.**

If you have any questions on activities or events held at the Calabasas Senior Center please contact us at 818-224-1777

CALABASAS SENIOR CENTER MEMBERSHIP AGREEMENT

Confidentiality: All of the information being requested is for our records, the information you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

PRIMARY MEMBER

FIRST NAME	LAST NAME & MIDDLE INITIAL	EMAIL
AGE	GENDER	DATE OF BIRTH (M/D/Y)
HOME ADDRESS		CITY & ZIP CODE
HOME NUMBER	CELL NUMBER	

SPOUSE / SIGNIFICANT OTHER

FIRST NAME	LAST NAME & MIDDLE INITIAL	EMAIL
HOME ADDRESS		CITY & ZIP CODE
HOME NUMBER	DATE OF BIRTH (M/D/Y)	CELL NUMBER

EMERGENCY CONTACT INFORMATION – OTHER THAN SPOUSE

FIRST NAME	LAST NAME & MIDDLE INITIAL	RELATIONSHIP TO YOU
HOME ADDRESS		CITY & ZIP CODE
HOME NUMBER	WORK NUMBER	CELL NUMBER

PAYMENT INFORMATION

MEMBERSHIP TYPE

<p>I, _____, authorize the Calabasas Senior Center to charge my credit card for the designated membership. (Individual) or (Couple) I understand that fees may increase annually and will include CPI and processing fees. I understand that my information will be saved to file for future transactions on my account.</p> <p><input type="checkbox"/> Master Card Account Number _____ Exp. Date ____/____ CVV# _____</p>	<p><input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Couple</p>
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MEMBERS' RIGHT TO CANCEL

I have read this entire membership agreement, including all pages and reverse sides, and agree to all terms and conditions contained therein. I UNDERSTAND THE ANNUAL MEMBERSHIP MUST BE TERMINATED IN WRITING AND ACCOMPANIED BY ALL MEMBERSHIP CARDS ON OR BEFORE THE 15TH OF THE PREVIOUS MONTH PRIOR TO RENEWAL.

Signature _____

Date _____

FOR STAFF USE ONLY

Effective Date: _____

STAFF INITIALS: _____

MEMBERSHIP INFORMATION

I. MEMBERSHIP

A. Nature of Membership. All memberships are mere licenses which shall give the holder thereof the revocable right to use and enjoy the Senior Center facilities subject to the rules and regulations established from time to time by the City of Calabasas, as more specifically set forth in the policies and procedures manual. It is expressly agreed and understood that the holders of licenses in the form of memberships shall neither individually nor collectively have any proprietary right or interest in or access to any of the properties, assets, premises, or any other thing or matter whatsoever with respect to the Senior Center or its facilities, or the operations of the Senior Center. Memberships and membership cards are not transferable.

*There will be a \$10 fee for replacement of a lost or stolen membership card.

II. TYPES OF MEMBERSHIP

A. Individual Membership. This membership shall consist of one individual 50+ years old. The spouse and/or children, if applicable, shall not be entitled to the rights and privileges of this membership, but may be guests in accordance with the Rules and Regulations of the Center.

B. Couple Membership. A couple membership shall be defined as two (2) adults **living at the same residence.**

III. MEMBERSHIP DUES

A. Membership Dues. The Senior Center shall, from time to time, fix the amount and terms of payment for goods, services and the use of the Senior Center's facilities by members and their guests. The Senior Center reserves the right to change the amount of the dues, given thirty (30) days written notice. The Senior Center may assess additional charges for membership status changes and returned payments. In addition to the health and fitness services which the Senior Center provides pursuant to this contract, The Senior Center may, from time to time, also provide additional services (which are specifically set forth in the Center's Rules and Regulations and/or newsletter). Those services are available to members upon request and are subject to an additional charge.

1. Return Charge. There will be a \$15.00 charge for any returned checking debit or credit card decline for any reason.

IV. RULES AND REGULATIONS

A. A holder of a membership and all persons entitled to privileges, including guests, under said membership shall abide by and fully comply with Rules and Regulations which are, from time to time, adopted by the Joint Powers Authority with respect to reasonable and safe use and enjoyment of the facilities of The Senior Center.

V. TERMINATION OF MEMBERSHIP

A. Voluntary Resignation. A member who is in good standing and is current in all obligations to The Senior Center may resign at any time by completing a Membership Action Request Form at The Senior Center or by submitting written notice of resignation **by the fifteenth (15th) of the previous month** to The Senior Center. Written resignations received before or on the fifteenth (15th) day of the previous month will be effective at the end of that month. Written resignations received after the fifteenth (15th) day of the month will be effective at the end of the following month; members will be responsible for all of the current month's dues and the following month's dues. The member will be responsible for all the charges for services and obligations to the Center which are incurred on the member's account up to the effective date of the termination of the membership. Prior to final termination of the membership, the member must have turned in all membership cards or keytags and paid any amount owing on the member's account with the Senior Center. A membership termination is not retroactive, and a terminated member shall not be entitled to a refund of any part of the paid annual dues. **NON-USAGE OF THE CENTER AND/OR NONPAYMENT OF DUES ARE NOT METHODS OF TERMINATING A MEMBERSHIP BY A MEMBER.**

B. Involuntary Resignation. The Senior Center shall have the right, with or without cause, to revoke any membership at any time. The membership of any member who is thirty (30) days in arrears with respect to the payment of the member's account may at the sole option of the Center management be terminated, in which case the member shall be responsible for dues and charges through the date of termination.

D. Leave of Absence Policy. Leave of absence is granted **for medical reasons only.** A member must complete the Membership Action Request Form and attach a written notice from his/her physician.

Initial_____

CITY OF CALABASAS PARTICIPANT WAIVER FORM

Name of Participant

Last

First

Middle Initial

PARTICIPANT’S RELEASE WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents from and against any and all loss, liability charges and expenses (including attorney’s fees) and cost which may arise by reason of participation in any program. (The City does not provide accident, medical, liability, workers’ compensation insurance or any other insurance for program participants). As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I understand the City retains the right to use photos taken during activities for publicity purposes.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing. All participants in recreational activities must comply with all safety and preventative measures put in place by the City to reduce the spread of COVID-19. Safety measures are subject to change or revision in accordance with state and local guidance.

By signing this agreement, I represent that I will adhere to all the applicable COVID-19 preventive measures required by the City of Calabasas and other applicable governments. Further, on my behalf, by signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in recreation activities/training/rentals and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Further, on my behalf, I hereby release, waive, covenant not to sue, discharge, and hold harmless the City of Calabasas, its employees, agents, and representatives, of and from any such liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives. This release does not include any claims based on the gross negligence of the City, its employees, agents, and representatives.

Print Name

Signature

Date

VIDEO-PHOTO RELEASE

I understand that during the City of Calabasas program and/or activity, my photograph may be taken by the City of Calabasas, producers, sponsors, organizer, and/or assigns. I agree that my photograph, including video photography, film photography, or other reproduction of my likeness may be used without charge by the, producers, sponsors, organizers and/or it’s assigns for such purposed as they deem appropriate.

I acknowledge that I have read the Video-Photo Release and sign it on behalf of the participant with full knowledge and understanding of its contents.

Print Name

Signature

Date

CITY OF CALABASAS MEDICAL RELEASE FORM

Name of Participant

Last

First

Middle Initial

PARTICIPANT’S MEDICAL RELEASE AGREEMENT

While I am attending or traveling to or from the Calabasas Senior Center, I hereby authorize the staff member, or in his/her absence or disability, any adult accompanying or assisting him/her, to consent to the following medical treatment for me should I be unable to make a decision:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed, under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until I complete my activities in this program unless revoked in writing. I understand that I will be responsible for the cost of any service or treatment provided.

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that I am in good health and can travel to and participate in all functions of the City of Calabasas Senior Center Program as described above. I understand is it my responsibility to keep the information on this form updated (including Health History) by contacting staff at the Calabasas Senior Center.

Print Name

Signature

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit me from receiving any non-life threatening medical attention in the event of an accident or illness.

Print Name

Signature

Date

CALABASAS SENIOR CENTER CODE OF CONDUCT

The Calabasas Senior Center is an active center for senior adults 50+ years of age and older. In order to make it a safe and enjoyable environment, all participants are asked to follow the Calabasas Senior Center Code of Conduct. **Our goal is to guarantee that all who enter these doors have a positive experience.** Please help us meet this goal by following these guidelines:

1. BEHAVIOR: All participants are expected to treat each other, volunteers, and staff with dignity, respect, and courtesy to avoid conflict. Any violence, threats of violence or unlawful activities may lead to permanent suspension of Center privileges. Derogatory statements or those that may be interpreted as derogatory regarding sex, race, national origin, ancestry, age, marital status, sexual orientation, religion or disability will NOT be tolerated. If a participant or guest is made to feel uncomfortable by another's action, they should report the behavior to staff.
2. SAFETY: All participants are expected to be law-abiding citizens and shall be accountable for actions that put the safety of others or oneself at risk. All participants must be able to care for oneself; must function on their own or with assistance of a caregiver.
3. SLEEPING: Sleeping at the Center is not allowed.
4. PERSONAL HYGIENE: Every visitor to the Center is expected to maintain his or her personal hygiene. Washing clothes or bathing in the restrooms is NOT allowed.
5. SOLICITATION: No unauthorized selling of products or marketing of services is permitted at the Center. Authorization must be obtained from the staff.
6. PERSONAL PROPERTY: The Senior Center is not responsible for the loss of personal property taken into or left at the facility. The center is not responsible for the storage of any personal belongings or providing extracurricular program supplies. The Center will maintain a Lost and Found area where items will be held for three months and then discarded.
7. ALCOHOL AND SMOKING: Alcohol is not permitted on the premises. Individuals who appear to be intoxicated or under the influence of alcohol or drugs will be asked to leave the Center immediately. Smoking is prohibited.
8. ANIMALS: NO pets or emotional support animals are permitted within this facility. Only certified service dogs as defined by the Americans with Disability Act are allowed. (Under the ADA, a service animal is defined as a dog that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the person's disability.)

By violating any of the above, you may be asked by staff to leave the premises immediately. Violation of rules may be cause for temporary or permanent suspension from the Calabasas Senior Center. The individual may appeal the decision by submitting a written request to the Parks and Community Services Director within 10 days of the suspension or termination of participation.

Code of Conduct violation will be addressed by staff as follows:

- **1st Incident:** Senior Center staff will review the Code of Conduct with participant.
- **2nd Incident:** Counseling with and warning from the Center Coordinator and/or Supervisor. Staff will complete and submit an *Internal Incident Report*.
- **3rd Incident:** Staff will obtain approval for suspension (up to 365 days, depending on the degree of the offense) from the Community Services Director. Community Services staff will meet and review the suspension with the participant and provide a suspension letter.

In the case of extreme violence, criminal offense, etc., the police will be called and the individual(s) may be permanently banned from the Center immediately.

I have read and understand the Code of Conduct.

Participant's Print Name

Participant's Signature

Date

Staff Name/Title: _____